

METRO-MIAMI ACTION PLAN TRUST

"Visions for Community Empowerment"

CONFERENCE REGISTRATION FORM

Friday, May 17, 2002

Name: _____ Title: _____

Organization/Affiliation: _____

Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I am interested in attending the following conference workshop:

- | | |
|---|---|
| <input type="checkbox"/> CRIMINAL JUSTICE | <input type="checkbox"/> ECONOMIC DEVELOPMENT |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> HOUSING |
| <input type="checkbox"/> NEW TECHNOLOGY | |

CONFERENCE FEE:

Individual workshop and
lunch participation

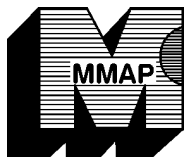
_____ at \$30.00 = \$ _____

Total enclosed: \$ _____

TELEPHONE REGISTRATIONS ARE NOT ACCEPTABLE.

Please mail or deliver your registration form with check payable to:

Metro-Miami Action Plan Trust
19 West Flagler Street • M-106
Miami, FL 33130
Attn: Cornelius Allen
(305) 372-7600, ext. 226



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